



City of Seguin Contractors Application

Please Check Type of License You Are Applying For:

Processing time of 24 hours for all license registrations

Please complete sections I & II for any license selected bellow

- Commercial Contractor
 Residential Contractor
 Commercial & Residential Contractor
 Residential Restricted
 Mechanical
 Plumbing
 Irrigator
 Septic
 Demolition
 Moving
 Roofing
 Fence
 Pool
 Sign

Please complete sections I & III for any license selected bellow

- Electrical
 Electrical Sign

Section I	Business Information		
	<i>Business Name:</i>		
	<i>Business Mailing Address:</i>		
	<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>
	<i>Business Telephone Number:</i>	<i>Email Address:</i>	

Section II	License Holder / Applicant Information		
	<i>To be completed by the applicant holding the ICC test or state license if applicable to your trade.</i>		
	<i>Name:</i>		
	<i>Residential Mailing Address:</i>		
	<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>
	<i>Telephone Number:</i>	<i>Cell Number:</i>	
<i>Email Address:</i>			
<i>Signature:</i>		<i>Date:</i>	

Section III	Master / Master Sign Electrician Information		
	<i>Master Electrician:</i>		
	<i>Residential Mailing Address:</i>		
	<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>
	<i>Telephone Number:</i>	<i>Cell Number:</i>	
	<i>Email Address:</i>		
	<i>Signature:</i>		<i>Date:</i>
	Electrical / Electrical Sign Contractor Information		
	<i>Contractor Name:</i>		
	<i>Residential Mailing Address:</i>		
	<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>
	<i>Telephone Number:</i>	<i>Cell Number:</i>	
<i>Email Address:</i>			
<i>Signature:</i>		<i>Date:</i>	

City of Seguin Authorized Signature Page



As the holder of this contractor's registration associated with _____
(Company Name)

I hereby authorize the following employees to apply, sign, and/or obtain for permits.

PRINT NAME:

SIGNATURE:

Signature of Registration Holder

Printed Name of Registration Holder

Date

Any Changes to this list must be on a City authorized form.